



City of Albany

Board of Estimate & Apportionment

Tuesday, December 7, 2021

1:30 P.M.

Regular Meeting via Zoom Video Conference

Peatros Haile
Deputy Chief City Auditor

Darius Shahinfar - **MOVED**
Treasurer

Corey Ellis - **SECONDED**
Council President

Nick Blais
Acting Budget Director

Marisa Franchini
Corporation Counsel

PASSED (5-0)

The next regular meeting of the Board of Estimate & Apportionment will be on Tuesday, December 21, 2021

Meeting of Board of Estimate and Apportionment
Tuesday, December 7, 2021

Offered the following:

Budget Transfers

2021

Department	Transfer From Account	Transfer From Amount	Transfer To Account	Transfer To Amount	Explanation
Albany Fire Department	Office Supplies & Forms A.3410.7414	\$ 2,100.00	Contracted Services A.3410.7440	\$ 10,100.00	To cover outstanding invoices.
	Training Fund A.3410.7442	\$ 8,000.00			
		\$ 10,100.00		\$ 10,100.00	
Albany Fire Department	Disability Retirement A.3410.7805	\$ 70,000.00	Apparatus Parts/Repairs A.3410.7415	\$ 40,000.00	To cover outstanding invoices.
			Contracted Services A.3410.7440	\$ 20,000.00	
			Supplies & Materials A.3410.7410	\$ 10,000.00	
		\$ 70,000.00		\$ 70,000.00	
Albany Police Department	Public Safety Com. System - Clothing Allowance / Stipends A.3120.3020.7193	\$ 33,600.00	Public Safety Com. System - Telephone Communication A.3120.3020.7421	\$ 33,600.00	To cover telephone communications expenses for 2021.
		\$ 33,600.00		\$ 33,600.00	
Budget Office	Undist. Employees Benefits - Medicare Refunds A.9000.7862	\$ 80,000.00	Undist. Employees Benefits - Hosp. & Med. Ins. Retiree A.9000.7861	\$ 80,000.00	To cover health insurance costs.
		\$ 80,000.00		\$ 80,000.00	
Corporation Counsel	Contracted Services A.1420.7440	\$ 22,600.00	Expense of Litigation A.1420.7436	\$ 20,000.00	To cover remaining balances on services rendered.
			Fees & Services A.1420.7450	\$ 2,600.00	
		\$ 22,600.00		\$ 22,600.00	

Meeting of Board of Estimate and Apportionment
Tuesday, December 7, 2021

Department of General Services	Waste Collection & Recyc. - Processing Fee A.1493.8160.7475	\$ 20,000.00	Waste Collection & Recyc. - Haz. Waste Collection A.1493.8160.7472	\$ 20,000.00	To cover expenses for the remainder of the year.
	Maintenance of Streets - Salaries A.1492.5010.7000	\$ 230,000.00	Maintenance of Streets -Temporary Help A.1492.5010.7170	\$ 230,000.00	
	Waste Collection & Recyc. - Salaries A.1493.8160.7000	\$ 260,000.00	Fleet Maintenance - Gasoline A.1492.1640.7413	\$ 60,000.00	
			Capital Hills at Albany - Salaries A.1492.3800.7000	\$ 200,000.00	
		\$ 510,000.00		\$ 510,000.00	
Department of General Services	Waste Disposal (Landfill) - Post Closure Care Landfil A.1494.8161.7477	\$ 25,800.00	Waste Disposal (Landfill) - Contracted Services A.1494.8161.7440	\$ 25,800.00	To cover expenses for the remainder of the year.
	Capital Hills at Albany - Contracted Services A.1492.3800.7440	\$ 26,000.00	Maintenance of Streets -Contracted Services A.1492.5010.7440	\$ 1,000.00	
			Fleet Maintenance - Motor Vehicle Expense A.1492.1640.7429	\$ 25,000.00	
		\$ 51,800.00		\$ 51,800.00	
Department of General Services	Waste Collection (Landfill) - Supplies and Materials A.1494.8161.7410	\$ 35,000.00	Maintenance of Streets -Contracted Services A.1492.5010.7440	\$ 5,000.00	To cover expenses for the remainder of the year.
	Capital Hills at Albany - Replacement Equipment A.1492.3800.7258	\$ 5,000.00	Central Maintenance - Utilities A.1491.1620.7420	\$ 41,000.00	
	Snow Removal - Other Equipment A.1492.5142.7258	\$ 6,000.00			
		\$ 46,000.00		\$ 46,000.00	
Department of General Service	Central Maintenance - Contracted Services A.1491.1620.7440	\$ 1,000.00	Supplies and Material A.1491.1490.7410	\$ 1,000.00	To cover credit card expenses for the end of the year.
		\$ 1,000.00		\$ 1,000.00	
Water Department	Transmission & Dist. - Salaries BW.8340.7000	\$ 325,000.00	Transmission & Distribution - Contracted Services BW.8340.7440	\$ 500,000.00	To cover the contract with William Keller Construction and pump station maintenance contract with Postler and Jaeckle.
	Sewer Maintenance - Hospital & Medical Ins.		Pump Stations - Contracted Services		

Meeting of Board of Estimate and Apportionment
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BW.8120.7804	\$	50,000.00	BW.8130.7440	\$	80,000.00
Water Administration - Salaries BW.8310.7000	\$	125,000.00			
Transmission & Dist. - Vehicles BW.8340.7230	\$	80,000.00			
	\$	580,000.00		\$	580,000.00

Water Department					
Unassigned Fund Balance BW.0917	\$	1,000,000.00	Sewer Maintenance - Contracted Services BW.8120.7440	\$	1,000,000.00
	\$	1,000,000.00		\$	1,000,000.00

To cover the contract with William Keller Construction.

Water Department					
Transmission & Dist. -Overtime BW.8340.7199	\$	11,000.00	Purification - Overtime BW.8330.7199	\$	11,000.00
	\$	11,000.00		\$	11,000.00

To cover deficit balances in the account and fund expenses for the remainder of the year.

Water Department					
Water Administration - Temporary Help BW.8310.7170	\$	5,400.00	Source of Supply, Power - Temporary Help BW.8320.7170	\$	400.00
	\$	5,400.00	Water Administration - Longevity pay BW.8310.7192	\$	5,000.00
	\$	5,400.00		\$	5,400.00

To cover deficit balance in payroll accounts.

Water Department					
Source of Supply, Power - Contracted Services BW.8320.7440	\$	40,000.00	Special Items - Contracted Services BW.1900.7440	\$	40,000.00
	\$	40,000.00		\$	40,000.00

To cover outstanding invoices for UHY for 2020 consulting work.

Water Department					
Transmission & Dist. - Social Security BW.8340.7801	\$	8,550.00	Source of Supply, Power - Gasoline BW.8320.7413	\$	1,000.00
			Water Administration - Contracted Services BW.8310.7440	\$	2,000.00
			Transmission & Dist. -Training/Conferences BW.8340.7463	\$	550.00

To cover deficit and fund account for the remainder of 2021.

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Purification - Contracted Services	\$	5,000.00
BW.8330.7440	\$	8,550.00
	\$	8,550.00

<i>Increase Appropriation</i>	<i>2021</i>	<i>2021</i>	<i>2021</i>	<i>2021</i>
<i>Department</i>	<i>Increase Revenue</i>	<i>Increase Amount</i>	<i>Increase Expense</i>	<i>Increase Amount</i>
Albany Police Department	NYS-Homeland Security A.1000.3306	\$ 25,000.00	NYS DHSES - WM2021 SLETPP Grant - Other Equipment A.3120.4325.7250	\$ 25,000.00
		\$ 25,000.00		\$ 25,000.00

The Albany Police Department received a grant under the NYS Office of Homeland Security to prevent terrorist attacks; prepare to respond and recover from terrorist attacks involving explosive devices.

Legal Settlements 2021

Please see the attached settlements of all claims for **Hang Ja Fanta and Ronald Fanta** arising from alleged damages alleged in a US District Court of New York action, as a result thereof, said settlement being resolved with no finding or admission of liability. The Corporation Counsel agreed subject to the approval of the Board of Estimate and Apportionment to settle the following claim stated for the full allowed amount of **\$55,000.00**

Department:	Fire
Contact Person:	Chief Gregory
Budget Year for this Transfer:	2021
Date Submitted:	11/23/2021

<p><u>TRANSFER FROM:</u></p> <p>Account Name: <input style="width: 80%;" type="text" value="Fire - Office Supplies & Forms"/></p> <p>Account Number: <input style="width: 80%;" type="text" value="A.3410.7414"/></p> <p>Amount to Transfer: <input style="width: 80%;" type="text" value="\$2,100"/></p> <p>Current Account Balance: <input style="width: 80%;" type="text" value="\$2,195.20"/></p>	<p><u>TRANSFER TO:</u></p> <p>Account Name: <input style="width: 80%;" type="text" value="Fire - Contracted Services"/></p> <p>Account Number: <input style="width: 80%;" type="text" value="A.3410.7440"/></p> <p>Amount to Receive in Transfer: <input style="width: 80%;" type="text" value="\$10,100"/></p> <p>Current Account Balance: <input style="width: 80%;" type="text" value="\$574.05"/></p>
<p><u>TRANSFER FROM:</u></p> <p>Account Name: <input style="width: 80%;" type="text" value="Fire - Training Fund"/></p> <p>Account Number: <input style="width: 80%;" type="text" value="A.3410.7442"/></p> <p>Amount to Transfer: <input style="width: 80%;" type="text" value="\$8,000"/></p> <p>Current Account Balance: <input style="width: 80%;" type="text" value="\$9,219.71"/></p>	<p><u>TRANSFER TO:</u></p> <p>Account Name: <input style="width: 80%;" type="text"/></p> <p>Account Number: <input style="width: 80%;" type="text"/></p> <p>Amount to Receive in Transfer: <input style="width: 80%;" type="text"/></p> <p>Current Account Balance: <input style="width: 80%;" type="text"/></p>
<p><u>TRANSFER FROM:</u></p> <p>Account Name: <input style="width: 80%;" type="text"/></p> <p>Account Number: <input style="width: 80%;" type="text"/></p> <p>Amount to Transfer: <input style="width: 80%;" type="text"/></p> <p>Current Account Balance: <input style="width: 80%;" type="text"/></p>	<p><u>TRANSFER TO:</u></p> <p>Account Name: <input style="width: 80%;" type="text"/></p> <p>Account Number: <input style="width: 80%;" type="text"/></p> <p>Amount to Receive in Transfer: <input style="width: 80%;" type="text"/></p> <p>Current Account Balance: <input style="width: 80%;" type="text"/></p>
<p><u>TRANSFER FROM:</u></p> <p>Account Name: <input style="width: 80%;" type="text"/></p> <p>Account Number: <input style="width: 80%;" type="text"/></p> <p>Amount to Transfer: <input style="width: 80%;" type="text"/></p> <p>Current Account Balance: <input style="width: 80%;" type="text"/></p>	<p><u>TRANSFER TO:</u></p> <p>Account Name: <input style="width: 80%;" type="text"/></p> <p>Account Number: <input style="width: 80%;" type="text"/></p> <p>Amount to Receive in Transfer: <input style="width: 80%;" type="text"/></p> <p>Current Account Balance: <input style="width: 80%;" type="text"/></p>
<p><u>TRANSFER FROM:</u></p> <p>Account Name: <input style="width: 80%;" type="text"/></p> <p>Account Number: <input style="width: 80%;" type="text"/></p> <p>Amount to Transfer: <input style="width: 80%;" type="text"/></p> <p>Current Account Balance: <input style="width: 80%;" type="text"/></p>	<p><u>TRANSFER TO:</u></p> <p>Account Name: <input style="width: 80%;" type="text"/></p> <p>Account Number: <input style="width: 80%;" type="text"/></p> <p>Amount to Receive in Transfer: <input style="width: 80%;" type="text"/></p> <p>Current Account Balance: <input style="width: 80%;" type="text"/></p>

TOTAL TRANSFER AMOUNT	\$10,100	=	\$10,100
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To cover outstanding invoices.

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If this is a salary change, fill out the below information:

SALARY CHANGE INFORMATION	
Title of Employee Receiving Salary Change:	
Reason for Salary Change:	

Budget Office e-Signature:  Joel Stetson

Date: 11/29/2021

Please return this form to: budgettransfers@albanyny.gov

CITY OF ALBANY

BUDGET TRANSFER REQUEST FORM

DEPARTMENT: FIRE

ACCOUNT CODE: A3410

DATE: 12/6/21

TRANSFER FROM:

1. Account Number .7805 ✓

Amount 40,000. ✓

2. Account Number .7805 ✓

Amount 20,000. ✓

3. Account Number .7805 ✓

Amount 10,000. ✓

4. Account Number _____

Amount _____

TRANSFER TO:

1. Account Number .7415 ✓

Amount 40,000 ✓

2. Account Number .7440

Amount 20,000

3. Account Number .7410

Amount 10,000

4. Account Number _____

Amount _____

REASON FOR TRANSFER: outstanding invoices

DEPARTMENT HEAD SIGNATURE

Joseph Gregory
Fire Chief

Approved by: BUDGET OFFICE _____

COMPTROLLER'S OFFICE _____

CITY OF ALBANY
BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department: Police
Contact Person: Bridget Pardo
Budget Year for this Transfer: 2021
Date Submitted: 12/6/2021

TRANSFER FROM:

Account Name: Clothing Allowance/Stipends
Account Number: A.3120.3020.7193
Amount to Transfer: \$33,600.00
Current Account Balance: \$45,900.00

TRANSFER TO:

Account Name: Telephone Communications
Account Number: A.3120.3020.7421
Amount to Receive in Transfer: \$33,600.00
Current Account Balance: \$3,120.67

TRANSFER FROM:

Account Name:
Account Number:
Amount to Transfer:
Current Account Balance:

TRANSFER TO:

Account Name:
Account Number:
Amount to Receive in Transfer:
Current Account Balance:

TRANSFER FROM:

Account Name:
Account Number:
Amount to Transfer:
Current Account Balance:

TRANSFER TO:

Account Name:
Account Number:
Amount to Receive in Transfer:
Current Account Balance:

TRANSFER FROM:

Account Name:
Account Number:
Amount to Transfer:
Current Account Balance:

TRANSFER TO:

Account Name:
Account Number:
Amount to Receive in Transfer:
Current Account Balance:

TOTAL TRANSFER AMOUNT \$33,600

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\$33,600

Reason for Transfer: To transfer funds to pay the remaining telephone communications bills for 2021.

Back-up information included?
Is this a Salary Change Request?

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If this is a salary change, fill out the below information:

SALARY CHANGE INFORMATION

Title of Employee Receiving Salary Change:

Reason for Salary Change:

Department Head e-Signature: 

Budget Office e-Signature:

Date:

Please return this form to: budgettransfers@albanyny.gov

CITY OF ALBANY

BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department: Undist. Employee Benefits
 Contact Person: Nicholas Blais
 Budget Year for this Transfer: 2021
 Date Submitted: 12/6/2021

TRANSFER FROM:

Account Name: Medicare Refunds ✓
 Account Number: A.9000.7862 ✓
 Amount to Transfer: \$80,000 ✓
 Current Account Balance: \$149,887.07 ✓

TRANSFER TO:

Account Name: Hosp. & Med. Ins. Retiree ✓
 Account Number: A.9000.7861 ✓
 Amount to Receive in Transfer: \$80,000 ✓
 Current Account Balance: \$279,390.15 ✓

TRANSFER FROM:

Account Name:
 Account Number:
 Amount to Transfer:
 Current Account Balance:

TRANSFER TO:

Account Name:
 Account Number:
 Amount to Receive in Transfer:
 Current Account Balance:

TRANSFER FROM:

Account Name:
 Account Number:
 Amount to Transfer:
 Current Account Balance:

TRANSFER TO:

Account Name:
 Account Number:
 Amount to Receive in Transfer:
 Current Account Balance:

TRANSFER FROM:

Account Name:
 Account Number:
 Amount to Transfer:
 Current Account Balance:

TRANSFER TO:

Account Name:
 Account Number:
 Amount to Receive in Transfer:
 Current Account Balance:

TOTAL TRANSFER AMOUNT

\$80,000

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\$80,000 ✓

Reason for Transfer:

Transfer to cover retiree health insurance costs

Back-up information included?
 Is this a Salary Change Request?

☐☐*If this is a salary change, fill out the below information:***SALARY CHANGE INFORMATION**Title of Employee Receiving Salary Change: Reason for Salary Change: Department Head e-Signature:

Budget Office e-Signature:

Nicholas J BlaisDate: 12/6/2021Please return this form to: budgettransfers@albanyny.gov

CITY OF ALBANY
BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department: Law Department
Contact Person: _____
Budget Year for this Transfer: 2021
Date Submitted: 11/24/2021

TRANSFER FROM:

Account Name: Contracted Services
Account Number: A.1420.7440
Amount to Transfer: 20,000
Current Account Balance: 17,665.05

TRANSFER FROM:

Account Name: Contracted Services
Account Number: A.1420.7440
Amount to Transfer: 2,600.00
Current Account Balance: 17,665.05

TRANSFER FROM:

Account Name: _____
Account Number: _____
Amount to Transfer: _____
Current Account Balance: _____

TRANSFER FROM:

Account Name: _____
Account Number: _____
Amount to Transfer: _____
Current Account Balance: _____

TRANSFER TO:

Account Name: Expense of Lit
Account Number: A.1420.7436
Amount to Receive in Transfer: 20,000
Current Account Balance: 7,869.93

TRANSFER TO:

Account Name: Fees & Services
Account Number: A.1420.7450
Amount to Receive in Transfer: 2,600.00
Current Account Balance: 56.42

TRANSFER TO:

Account Name: _____
Account Number: _____
Amount to Receive in Transfer: _____
Current Account Balance: _____

TRANSFER TO:

Account Name: _____
Account Number: _____
Amount to Receive in Transfer: _____
Current Account Balance: _____

TOTAL TRANSFER AMOUNT

22,600.00\$0

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22,600.00\$0

Reason for Transfer:

To pay the remaining balance on services rendered.

Back-up information included?
Is this a Salary Change Request?



If this is a salary change, fill out the below information:

SALARY CHANGE INFORMATION

Title of Employee Receiving Salary Change: _____

Reason for Salary Change: _____

Department Head e-Signature:

M. Francis

Budget Office e-Signature: _____

Date: _____

Please return this form to: budgettransfers@albany.ny.gov

CITY OF ALBANY

BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department: Department of General Services
 Contact Person: Sergio Panunzio
 Budget Year for this Transfer: 2021
 Date Submitted: 12/1/2021

TRANSFER FROM:

Account Name: Processing Fees
 Account Number: 1493.8160.7475
 Amount to Transfer: \$20,000.00
 Current Account Balance: \$23,923.83

TRANSFER TO:

Account Name: Haz Waste Collection
 Account Number: 1493.8160.7472
 Amount to Receive in Transfer: \$20,000.00
 Current Account Balance: \$5,000.00

TRANSFER FROM:

Account Name: Salaries Maintenance of St
 Account Number: 1492.5010.7000
 Amount to Transfer: \$230,000
 Current Account Balance: \$404,234.72

TRANSFER TO:

Account Name: Temp Help Maintenance of St
 Account Number: 1492.5010.7170
 Amount to Receive in Transfer: \$230,000
 Current Account Balance: -\$154,863.44

TRANSFER FROM:

Account Name: Salaries Waste Collection
 Account Number: 1493.8160.7000
 Amount to Transfer: \$260,000
 Current Account Balance: \$471,743.86

TRANSFER TO:

Account Name: Gasoline
 Account Number: 1492.1640.7413
 Amount to Receive in Transfer: \$60,000
 Current Account Balance: \$425.86

TRANSFER FROM:

Account Name:
 Account Number:
 Amount to Transfer:
 Current Account Balance:

TRANSFER TO:

Account Name: Salaries Capital Hills
 Account Number: 1492.3800.7000
 Amount to Receive in Transfer: \$200,000
 Current Account Balance: -\$129,610.10

TOTAL TRANSFER AMOUNT

\$510,000.00

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\$510,000.00

Reason for Transfer: Need to cover end of year expenses.

Back-up information included?
 Is this a Salary Change Request?

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If this is a salary change, fill out the below information:

SALARY CHANGE INFORMATION

Title of Employee Receiving Salary Change:

Reason for Salary Change:

Department Head e-Signature:

Budget Office e-Signature:

Date:

Please return this form to: budgettransfers@albanyny.gov

CITY OF ALBANY

BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department: Department of General Services

Contact Person: Sergio Panunzio

Budget Year for this Transfer: 2021

Date Submitted: 12/1/2021

TRANSFER FROM:

Account Name: Post Closure Care Landfill

Account Number: 1494.8161.7477

Amount to Transfer: \$25,800.00

Current Account Balance: \$49,325.00

TRANSFER TO:

Account Name: Contracted Services Landfill

Account Number: 1494.8161.7440

Amount to Receive in Transfer: \$25,800.00

Current Account Balance: \$1,752.80

TRANSFER FROM:

Account Name: Contracted Services Golf

Account Number: 1492.3800.7440

Amount to Transfer: \$26,000

Current Account Balance: \$39,897.88

TRANSFER TO:

Account Name: Contracted Services Main of St.

Account Number: 1492.5010.7440

Amount to Receive in Transfer: \$1,000

Current Account Balance: \$23.25

TRANSFER FROM:

Account Name:

Account Number:

Amount to Transfer:

Current Account Balance:

TRANSFER TO:

Account Name: Motor Vehicle Expense

Account Number: 1492.1640.7429

Amount to Receive in Transfer: \$25,000

Current Account Balance: \$4,337.84

TRANSFER FROM:

Account Name:

Account Number:

Amount to Transfer:

Current Account Balance:

TRANSFER TO:

Account Name:

Account Number:

Amount to Receive in Transfer:

Current Account Balance:

TOTAL TRANSFER AMOUNT

\$51,800.00

=

\$51,800.00

Reason for Transfer: Need to cover end of year expenses.

Back-up information included?
Is this a Salary Change Request?

If this is a salary change, fill out the below information:

SALARY CHANGE INFORMATION

Title of Employee Receiving Salary Change:

Reason for Salary Change:

Department Head e-Signature:

Budget Office e-Signature:

Date:

Please return this form to: budgettransfers@albanyny.gov

CITY OF ALBANY

BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department: Department of General Services
 Contact Person: Sergio Panunzio
 Budget Year for this Transfer: 2021
 Date Submitted: 12/3/2021

TRANSFER FROM:

Account Name: Supplies and Materials
 Account Number: 1494.8161.7410
 Amount to Transfer: \$35,000.00
 Current Account Balance: \$35,063.67

TRANSFER TO:

Account Name: Contracted Services Main of St
 Account Number: 1492.5010.7440
 Amount to Receive in Transfer: \$5,000.00
 Current Account Balance: \$23.25

TRANSFER FROM:

Account Name: Replacement Equipment Golf
 Account Number: 1492.3800.7258
 Amount to Transfer: \$5,000
 Current Account Balance: \$5,000.00

TRANSFER TO:

Account Name: Utilities Central Maintanace
 Account Number: 1491.1620.7420
 Amount to Receive in Transfer: \$41,000
 Current Account Balance: \$8,344.34

8,000.67

TRANSFER FROM:

Account Name: Other Equipment
 Account Number: 1492.5142.7250
 Amount to Transfer: \$6,000
 Current Account Balance: \$6,837.00

TRANSFER TO:

Account Name:
 Account Number:
 Amount to Receive in Transfer:
 Current Account Balance:

TRANSFER FROM:

Account Name:
 Account Number:
 Amount to Transfer:
 Current Account Balance:

TRANSFER TO:

Account Name:
 Account Number:
 Amount to Receive in Transfer:
 Current Account Balance:

TOTAL TRANSFER AMOUNT

\$46,000.00

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\$46,000.00

Reason for Transfer:

To cover end of year expenses. Adding another \$5,000 to Contracted Services on top of the \$1,000 on previous transfer.

Back-up information included?
 Is this a Salary Change Request?

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If this is a salary change, fill out the below information:

SALARY CHANGE INFORMATION

Title of Employee Receiving Salary Change:

Reason for Salary Change:

Department Head e-Signature:

Budget Office e-Signature:

Date:

12/6/21

Please return this form to: budgettransfers@albanyny.gov

CITY OF ALBANY

BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department: Department of General Services

Contact Person:	Sergio Panunzio
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Budget Year for this Transfer: 2021

Date Submitted: 12/6/2021

TRANSFER TO:

Account Name: Supplies and Materials

Account Number: 1491.1490.7410

Amount to Receive in Transfer: \$1,000.00

Current Account Balance: \$11.59

TRANSFER TO:

Account Name:

Account Number: XXXXXXXXXXXX

Amount to Receive in Transfer:

Current Account Balance:

TRANSFER TO:

Account Name:

Account Number:

Amount to Receive in Transfer:

Current Account Balance:

TRANSFER TO:

Account Name:

Account Number:

Amount to Receive in Transfer:

Current Account Balance:

11

\$1,000.00

To cover credit card expenses for the end of the year.

Title of Employee Receiving Salary Change:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Date:

Please return this form to: budgettransfers@albanyny.gov

CITY OF ALBANY

BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department: Water
 Contact Person: Tom Dufresne
 Budget Year for this Transfer: 2021
 Date Submitted: 11/22/2021

TRANSFER FROM:

Account Name: T&D - SalariesAccount Number: BW.8340.7000Amount to Transfer: \$325,000Current Account Balance: \$591,916.74

TRANSFER FROM:

Account Name: Sewer Maint.-Health InsuranceAccount Number: BW.8120.7804Amount to Transfer: \$50,000Current Account Balance: \$104,784.22

TRANSFER FROM:

Account Name: Admin - SalariesAccount Number: BW.8310.7000Amount to Transfer: \$125,000Current Account Balance: \$452,699.19

TRANSFER FROM:

Account Name: T&D - VehiclesAccount Number: BW.8340.7230Amount to Transfer: \$80,000Current Account Balance: \$154,284.61

TRANSFER FROM:

Account Name: Account Number: Amount to Transfer: Current Account Balance:

TRANSFER FROM:

Account Name: Account Number: Amount to Transfer: Current Account Balance:

TRANSFER FROM:

Account Name: Account Number: Amount to Transfer: Current Account Balance:

TRANSFER TO:

Account Name: T&D - Contracted ServicesAccount Number: BW.8340.7440Amount to Receive in Transfer: \$500,000Current Account Balance: \$80,881.23

TRANSFER TO:

Account Name: Pump Stns - Contracted ServicesAccount Number: BW.8130.7440Amount to Receive in Transfer: \$80,000Current Account Balance: \$4,059.82

TRANSFER TO:

Account Name: Account Number: Amount to Receive in Transfer: Current Account Balance:

TRANSFER TO:

Account Name: Account Number: Amount to Receive in Transfer: Current Account Balance:

TRANSFER TO:

Account Name: Account Number: Amount to Receive in Transfer: Current Account Balance:

TRANSFER TO:

Account Name: Account Number: Amount to Receive in Transfer: Current Account Balance:

TRANSFER TO:

Account Name: Account Number: Amount to Receive in Transfer: Current Account Balance:

TOTAL TRANSFER AMOUNT

\$580,000

=

\$580,000

Reason for Transfer:

To fund the Standby contract with William Keller Construction - \$500,000
 & Pump Station Maintenance Contract with Postler and Jaecle - \$80,000.

Back-up information included?
 Is this a Salary Change Request?

☐
☐

If this is a salary change, fill out the below information:

SALARY CHANGE INFORMATION

Title of Employee Receiving Salary Change: Reason for Salary Change: Department Head e-Signature: Budget Office e-Signature:

Joel Stelson

Date: 11/22/2021Please return this form to: budgettransfers@albanyny.gov

CITY OF ALBANY
BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department: Water
Contact Person: Tom Dufresne
Budget Year for this Transfer: 2021
Date Submitted: 11/23/2021

TRANSFER FROM:

Account Name: T&D - Overtime
Account Number: BW.8340.7199
Amount to Transfer: \$11,000
Current Account Balance: \$61,277.37

TRANSFER TO:

Account Name: Purification - Overtime
Account Number: BW.8330.7199
Amount to Receive in Transfer: \$11,000
Current Account Balance: \$214.23

TRANSFER FROM:

Account Name:
Account Number:
Amount to Transfer:
Current Account Balance:

TRANSFER TO:

Account Name:
Account Number:
Amount to Receive in Transfer:
Current Account Balance:

TRANSFER FROM:

Account Name:
Account Number:
Amount to Transfer:
Current Account Balance:

TRANSFER TO:

Account Name:
Account Number:
Amount to Receive in Transfer:
Current Account Balance:

TRANSFER FROM:

Account Name:
Account Number:
Amount to Transfer:
Current Account Balance:

TRANSFER TO:

Account Name:
Account Number:
Amount to Receive in Transfer:
Current Account Balance:

TRANSFER FROM:

Account Name:
Account Number:
Amount to Transfer:
Current Account Balance:

TRANSFER TO:

Account Name:
Account Number:
Amount to Receive in Transfer:
Current Account Balance:

TRANSFER FROM:

Account Name:
Account Number:
Amount to Transfer:
Current Account Balance:

TRANSFER TO:

Account Name:
Account Number:
Amount to Receive in Transfer:
Current Account Balance:

TOTAL TRANSFER AMOUNT

\$11,000

=

\$11,000

Reason for Transfer:

To correct deficit balance in account and fund for remainder of year.

Back-up information included?
Is this a Salary Change Request?

☐

If this is a salary change, fill out the below information:

☐

SALARY CHANGE INFORMATION

Title of Employee Receiving Salary Change:

Reason for Salary Change:

Department Head e-Signature:

Budget Office e-Signature:

Joel Stetson

Date: 11/23/2021

Please return this form to: budgettransfers@albanyny.gov

CITY OF ALBANY
BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department: Water
Contact Person: Tom Dufresne
Budget Year for this Transfer: 2021
Date Submitted: 11/23/2021

TRANSFER FROM:

Account Name: pf Supply - Contracted Services
Account Number: BW.8320.7440
Amount to Transfer: \$40,000
Current Account Balance: \$44,166.10

TRANSFER TO:

Account Name: pecial Items - Contracted Services
Account Number: BW.1900.7440
Amount to Receive in Transfer: \$40,000
Current Account Balance: \$29,457.25

35,258.25

TRANSFER FROM:

Account Name:
Account Number:
Amount to Transfer:
Current Account Balance:

TRANSFER TO:

Account Name:
Account Number:
Amount to Receive in Transfer:
Current Account Balance:

TRANSFER FROM:

Account Name:
Account Number:
Amount to Transfer:
Current Account Balance:

TRANSFER TO:

Account Name:
Account Number:
Amount to Receive in Transfer:
Current Account Balance:

TRANSFER FROM:

Account Name:
Account Number:
Amount to Transfer:
Current Account Balance:

TRANSFER TO:

Account Name:
Account Number:
Amount to Receive in Transfer:
Current Account Balance:

TRANSFER FROM:

Account Name:
Account Number:
Amount to Transfer:
Current Account Balance:

TRANSFER TO:

Account Name:
Account Number:
Amount to Receive in Transfer:
Current Account Balance:

TRANSFER FROM:

Account Name:
Account Number:
Amount to Transfer:
Current Account Balance:

TRANSFER TO:

Account Name:
Account Number:
Amount to Receive in Transfer:
Current Account Balance:

TOTAL TRANSFER AMOUNT

\$40,000

=

\$40,000

Reason for Transfer:

To cover open invoice for UHY for consulting work 2020.

Back-up information included?
Is this a Salary Change Request?

☐
☐

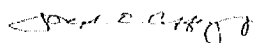
If this is a salary change, fill out the below information:

SALARY CHANGE INFORMATION

Title of Employee Receiving Salary Change:

Reason for Salary Change:

Department Head e-Signature:



Budget Office e-Signature:

 Joel Stetson

Date: 11/23/2021

Please return this form to: budgettransfers@albanyny.gov

CITY OF ALBANY

BUDGET TRANSFER REQUEST FORM (Revised 6/2018)

Department: Water
 Contact Person: Tom Dufresne
 Budget Year for this Transfer: 2021
 Date Submitted: 12/1/2021

TRANSFER FROM:

Account Name: T&D - Social Security ✓
 Account Number: BW.8340.7801 ✓
 Amount to Transfer: \$8,550 ✓
 Current Account Balance: \$54,508.16 ✓

TRANSFER TO:

Account Name: Source of Supply - Gasoline ✓
 Account Number: BW.8320.7413 ✓
 Amount to Receive in Transfer: \$1,000 ✓
 Current Account Balance: \$1,540.00 ✓

TRANSFER FROM:

Account Name:
 Account Number:
 Amount to Transfer:
 Current Account Balance:

TRANSFER TO:

Account Name: Admin - Contracted Services ✓
 Account Number: BW.8310.7440 ✓
 Amount to Receive in Transfer: \$2,000 ✓
 Current Account Balance: \$399.03 ✓

TRANSFER FROM:

Account Name:
 Account Number:
 Amount to Transfer:
 Current Account Balance:

TRANSFER TO:

Account Name: T&D - Training ✓
 Account Number: BW.8340.7463 ✓
 Amount to Receive in Transfer: \$550 ✓
 Current Account Balance: ~~\$203.45~~ ✓

TRANSFER FROM:

Account Name:
 Account Number:
 Amount to Transfer:
 Current Account Balance:

TRANSFER TO:

Account Name: Purification - Contracted Services ✓
 Account Number: BW.8330.7440 ✓
 Amount to Receive in Transfer: \$5,000 ✓
 Current Account Balance: \$1,693.54 ✓

TRANSFER FROM:

Account Name:
 Account Number:
 Amount to Transfer:
 Current Account Balance:

TRANSFER TO:

Account Name:
 Account Number:
 Amount to Receive in Transfer:
 Current Account Balance:

TRANSFER FROM:

Account Name:
 Account Number:
 Amount to Transfer:
 Current Account Balance:

TRANSFER TO:

Account Name:
 Account Number:
 Amount to Receive in Transfer:
 Current Account Balance:

TOTAL TRANSFER AMOUNT

\$8,550

=

\$8,550 ✓

Reason for Transfer:

To correct deficit accounts and to fund for remainder of 2021. ✓

Back-up information included?
 Is this a Salary Change Request?

☐
☐

If this is a salary change, fill out the below information:

SALARY CHANGE INFORMATIONTitle of Employee Receiving Salary Change: Reason for Salary Change: Department Head e-Signature: Budget Office e-Signature: Date: Please return this form to: budgettransfers@albanyny.gov

CITY OF ALBANY

INCREASE APPROPRIATION REQUEST (Revised 6/2018)

Department: Police

Contact Person: Bridget Pardo

Budget Year for this Request: 2021

Date Submitted: 11/17/2021

INCREASE REVENUE

Account Name: NYS-Homeland Security ✓

Account Number: A.1000.3306 ✓

Increase Revenue Amount: \$25,000 ✓

Current Account Balance: -\$1,757.34 ✓

APD recieved more money than budgeted

INCREASE REVENUE

Account Name:

Account Number:

Increase Revenue Amount:

Current Account Balance:

INCREASE REVENUE

Account Name:

Account Number:

Increase Revenue Amount:

Current Account Balance:

INCREASE REVENUE

Account Name:

Account Number:

Increase Revenue Amount:

Current Account Balance:

INCREASE EXPENSE

Account Name: NYS - WM2021 SLETPP Grant ✓

Account Number: A.3120.4325.7250 ✓

Amount to Receive in Transfer: \$25,000 ✓

Current Account Balance: \$0.00 ✓

INCREASE EXPENSE

Account Name:

Account Number:

Amount to Receive from Revenue Acct:

Current Account Balance:

INCREASE EXPENSE

Account Name:

Account Number:

Amount to Receive from Revenue Account:

Current Account Balance:

INCREASE EXPENSE

Account Name:

Account Number:

Amount to Receive from Revenue Acct:

Current Account Balance:

TOTAL INCREASE REVENUE
AMOUNT

\$25,000

=

\$25,000 ✓

Reason for Transfer:

The Police Department received a grant to prevent terrorist attacks; protect the people of New York, our critical infrastructure and key resources; prepare ot respond to and recover from terrorist attacks.

Back-up information included? ☐

Department Head e-Signature:

[Signature]

Budget Office e-Signature:

Date:

Please return this form to: budgettransfers@albanyny.gov

City of Albany
DEPARTMENT OF LAW

MEMORANDUM

To: Dorcey Applyrs, City Auditor

From: Marisa Franchini, Corporation Counsel

Re: Check for Settlement

Date: November 17, 2021

Please find the attached E&A forms for the next E&A meeting. This settlement check should be prepared payable to HANG YA FANTA and RONALD FANTA in the amount of \$55,000.00.

Please send this check to this office to be distributed.

If you have any questions, feel free to contact me.

Thank you,

Marisa

E & A SUMMARY
HANG YA FANTA AND RONALD FANTA
November 17, 2021

Summary: Settlement of all claims for HANG YA FANTA and RONALD FANTA arising from alleged injuries in connection with a trip and fall, as a result thereof; said settlement being resolved with no finding or admission of liability

Andrew G. Finkelstein, P.C. (NY & NJ)
Michael Feldman (NY & NJ)
Cynthia M. Maurer (NY & NJ)
Raye D. Futerfas (NJ)
Linda Armatti (NY)
Frances M. Bova, R.N. (NY & NJ)

David Akerib (NY)
Gustavo W. Alzugaray (NY)
Sharon A. Scanlan (NY & CT)
Marc S. Becker (NY)
Antonio S. Grillo (NY & NJ)
Michael B. Zaransky (NY)
Xavier Johnson (NY)
Ryan Martinez (NY, NJ & PA)
Karyna Schnall (NY)

(800) 890-3090
Fax: (845) 562-3492
www.jmlawyer.com

Jacoby & Meyers^{LLP}

Of Counsel
Duncan W. Clark (NY)
Robert J. Camera (NY & NJ)
Ronald Rosenkranz (NY)
George A. Kohl, II (NY & MA)
Andrew L. Spitz (NY)
Elyssa M. Fried-DeRosa (NY)
James W. Shuttleworth, III (NY)
David E. Gross (NY & NJ)
Kenneth B. Fromson (NY, NJ & PA)
Nancy Y. Morgan (NY, NJ & PA)
Lawrence D. Lissauer (NY)
Victoria Lieb Lightcap (NY & MA)
Ann R. Johnson (NY & CT)
Edward M. Steves (NY)
Kara L. Campbell (NY, NJ & CT)

Marie M. DuSault (NY)
Melody A. Gregory (NY & CT)
Elizabeth A. Wolf (NY & MA)
Brian D. Acard (NY)
Vincent J. Pastore (NY & NJ)
Christopher R. Camastro (NY & NJ)
Jeffrey M. Brody (NY)
Michele M. Haber (CA)
Jonathan T. Engel (NY)
Ashlee R. Grob (NY)
Kirsten Siegfried (NY, NJ & PA)
Patricia Rothstein (NY)
Alexandria Awad (NY)
James H. Halpin, Jr. (NY & CT)
Robin N. D'Amore (NY)
Vincent J. Rossillo (NY)

Pamela Thomas (NY & CT)
Donald A. Crouch (NY & CT)
Karen O'Brien (NY)
David Stauber (NY)
Jennifer Safer (NY & NJ)
Annie Ma (NY & NJ)
Howard S. Lipman (NY)
Noreen Tuller, R.N. (NY)
Justin M. Cinnamon (NY & CT)
Rodrigo Arcuri (NY)
Kevin D. Burgess (NY)
Robert Seldner (NY)
Stephen R. Heath (NY)
Patricia Fontaine (NY)
Carl Raffa (NY)
Paul Walker (NY)

D. Greg Blankinship (NY & MA)
Jeremiah Frel-Pearson (NY)
Todd S. Gaber (NY & CT)
Andrew White (NY)
John Sardesai-Grant (NY)
Chantal Khalil (NY)
Bradley Silverman (NY)
Olivia Ball (NY)
Chantel Mills (NY)
Yanelke McKenzie-Coley (NY)
Amanda Chan (NY)
Frank R. Massaro (NY)
Kenneth G. Bartlett (CT & NJ)
Marc Diller (MA)
Shaun DeSantis (MA)
David Mehan (MA)
Dr. R. John Naranja, Jr. (MA)

Senior Of Counsel
George M. Levy, P.C. (NY)
Marvin Andeman, P.C. (NY)

Founding Partner
Gail Koff (1945-2019)

REFER TO OUR FILE #: 114287-02

November 3, 2021

FEDERAL TAX ID# 95-2786458

CITY OF ALBANY

Department of Law, City Hall

Albany, New York 12207

Robert Magee, Esq., rmagee@albanyny.gov

Napierski, VanDenburgh, Napierski & O'Connor, LLP

296 Washington Avenue Extension, Suite 3

Albany, NY 12203

Christine M. Napierski, Esq., cmn@nvnolaw.com

RE: Fanta v. City of Albany

Index #: 903375-17

Dear Counselor:

Enclosed is the Release in the amount of \$55,000.00, Medicare Rider and W-9, along with the original Stipulation of Discontinuance for your signature and filing.

Please hold the Stipulation of Discontinuance in escrow pending our receipt of the check or draft in the amount indicated.

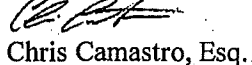
We trust that payment will be made within 21 days of the date of this mailing to avoid the imposition of additional costs, disbursements and interest.

NOTE: WE ARE NOT AUTHORIZED BY OUR CLIENT TO WAIVE THE PROVISIONS OF CPLR 5003-a.

Thank you for your courteous handling of this file.

Very truly yours,

JACOBY & MEYERS, LLP


Chris Camastro, Esq.

Of Counsel

CRC/jlg

Enclosures

Manhattan • Bronx • Edison • Hempstead • Kingston • Middletown • Newark • Newburgh • Queens • White Plains • Madison

39 BROADWAY, SUITE 1910
NEW YORK, NY 10006



1279 ROUTE 300, PO BOX 1111
NEWBURGH, NY 12551

50 PARK PLACE, SUITE 1101
NEWARK, NJ 07102

1929 HIGHWAY 27
EDISON, NJ 08817

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF ALBANY

HANG JA FANTA and RONALD FANTA

Plaintiff(s),

-against-

CITY OF ALBANY

Defendant(s).

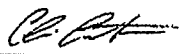
Index #: 903375-17

STIPULATION
DISCONTINUING
ACTION

IT IS HEREBY STIPULATED AND AGREED, by and between the undersigned, the attorneys of record for all the parties to the above entitled action, that whereas no party hereto is an infant or incompetent person for whom a committee has been appointed and no person not a party has an interest in the subject matter of the action, the above entitled action be, and the same hereby is discontinued with prejudice against defendants without costs to either party as against the other. This Stipulation shall be filed by defendant with the Clerk of the Court.

Dated: November 3, 2021
Newburgh, NY

CITY OF ALBANY
Attorneys for Defendant(s)
Department of Law, City Hall
Albany, New York 12207
(518) 434-5050



JACOBY & MEYERS, LLP
Attorneys for Plaintiff(s)
By: Chris Camastro, Esq.
c/o Processing Center
1279 Route 300
P.O. Box 1111
Newburgh, New York 12551
845-562-0203

GENERAL RELEASE

File# 114287-02

TO ALL TO WHOM THESE PRESENTS COME OR MAY CONCERN, KNOW THAT WE, HANG JA FANTA AND RONALD FANTA, presently residing at 340 E 64TH ST., APT 4B, NEW YORK NY 10065,

as RELEASOR,

in consideration of the sum of FIFTY-FIVE THOUSAND AND no/100 DOLLARS ----- (\$55,000.00)

received from CITY OF ALBANY,

as RELEASEE,

receipt whereof is hereby acknowledged, releases and discharges CITY OF ALBANY, the RELEASEE, RELEASEE's heirs, executors, administrators, successors and assigns from all actions, causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, extents, executions, claims, and demands including Medicare claims and/or demands and or liens whatsoever, in law, admiralty or equity, which against the RELEASEE, the RELEASOR, RELEASOR's heirs, executors, administrators, successors and assigns ever had, now have or hereafter can, shall or may, have for, upon, or by reason of any matter, cause or thing whatsoever from the beginning of the world to the day of the date of this RELEASE, arising from an incident which occurred on August 5, 2016.

Plaintiff agrees to hold harmless and indemnify defendants, their counsel and the insurance companies, for any liens and/or encumbrances which may arise from the accident noted above, including any claims by Medicare for reimbursement of any funds paid relating to injuries and claims arising from the accident in question.

CITY OF ALBANY

55,000.00

Whenever the text hereof requires, the use of singular number shall include the appropriate plural number as the text of the within instrument may require.

This RELEASE may not be changed orally.

In WITNESS WHEREOF, the RELEASOR has hereunto set RELEASOR's hand and seal on the
28th day of October, 2021

Hang Ja Fanta
HANG JA FANTA
Ronald Fanta
RONALD FANTA

STATE OF New York COUNTY OF New York

On the 28th day of October, 2021.

before me PERSONALLY CAME HANG JA FANTA AND RONALD FANTA, to me known, and known to me to be the individuals described in and who executed the foregoing RELEASE, and duly acknowledged to me that they executed the same.

NOTARY PUBLIC

DANILO RIVERA JR
Notary Public, State of New York
No. 01R16084281
Qualified in New York County
Commission Expires March 20, 2024

RIDER TO GENERAL RELEASE

File #: 114287-02

Medicare Information

Pursuant to Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007, The Center for Medicare and Medicaid Services must be provided the Released Party's full address, Social Security Number, date of birth, gender, and, if available, the Released Party's Medicare Health Insurance Claim Number (HICN.) Spaces are provided at the end of this Release for compliance.

Liens — Indemnity and Hold Harmless

It is expressly understood and agreed, Claimant further covenants and agrees that any and all Medicare, Social Security, hospital, medical insurance coverage subrogation claims and/or any and all other type of valid liens or interest that have been claimed by any person and/or entity, will be fully paid, satisfied and released from the settlement proceeds paid herein.

In this regard, Claimant agrees to indemnify and hold harmless the Released Parties and their insurance carriers, from any valid liens including those by Medicare and/or Social Security, if any, for reimbursement of any funds paid by them relating to the injuries and claims arising from the accident in question.

Medicare Set Aside

It is further expressly understood and agreed, to the extent applicable, Claimant covenants that Claimant will set aside necessary funds, in any approved Medicare Set Aside Account, to pay for any anticipated future medical and/or health care needs of Claimant, for any injury and/or condition that requires treatment that arises from the injuries related and/or caused by the accident in question. In the alternative, Claimant shall, in concert and consultation with his counsel, aver and covenant that they do not presently anticipate that Claimant will require medical and/or health care treatment for the injuries and/or conditions related and/or arising from the accident in question. Further, should funds not be placed in an approved Medicare Set Aside Account for Claimant, and care and treatment for injuries and/or conditions reasonably related to the accident is subsequently sought, then Claimant covenants and represents to the Released Parties and their insurance carriers, that Claimant will not submit nor seek payment for said medical care from Medicare and/or any other government funded program. This covenant and representation shall be included as part of the indemnification obligations of Claimant stated herein.

It is understood and agreed that the information provided below will be provided to The Centers for Medicare and Medicaid Services pursuant to The Medicare, Medicaid and SCHIP Extension Act of 2007.

Hang Ja Fanta

Full name as it appears on your Social Security Card

064-70-3472

Social Security Number

Address

340 E. 64th Street, Apt. 4B

Date of Birth

04/26/1944

New York, NY 10065

Medicare Health Insurance Claim Number (HICN)

064703472M

Gender

Female

Signature

Hang Ja Fanta

Dated: Oct. 28, 2021

RIDER TO GENERAL RELEASE

In WITNESS WHEREOF, the RELEASOR has hereunto set RELEASOR's hand and seal on the 28th
day of 28th October, 2021

STATE OF New York COUNTY OF New York

On the 28th day of October 2021

Before me PERSONALLY CAME HANG JA FANTA, to me known, and known to me to be the individual described in and who executed the foregoing RIDER TO GENERAL RELEASE, and duly acknowledged to me that s/he executed the same.


NOTARY PUBLIC

DANIEL RIVERA JR
Notary Public, State of New York
No. 01RI6084281
Qualified in New York County
Commission Expires March 20, 2023.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Jacoby & Meyers, LLP

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☒ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

1279 Route 300, PO Box 1111

6 City, state, and ZIP code

Newburgh, NY 12551

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

9 5 - 2 7 8 6 4 5 8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

J. Gentile, Jacoby & Meyers

Date ► 11-4-21

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.